

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
 2014 JUL 31 AM 8:14

File with:  
 Iowa Ethics and Campaign Disclosure Board  
 510 E. 12<sup>th</sup> Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Committee to Elect Ian Cullis

**IMPORTANT:** Indicate by # type of committee you are reporting for: 5  
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

<b>FORM DR-2</b> (Rev. 12/2009)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>19274</u>	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

**CANDIDATE COMMITTEES ONLY:**

Candidate Name <u>Ian Cullis</u>	Political Party (if applicable) <u>Democrat</u>
Office Sought Supervisor	District (if Senate or House) <u>1</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Ian C. Cullis SIGNATURE OF PERSON FILING REPORT      319-329-8105 TELEPHONE      7-30-14 DATE SIGNED

I AM FILING A 7/19/2014 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date)      Indicate by #  1

CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_  
 Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
June 2014  
 County & Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ..... \$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....	<u>1004.00</u>
Schedule F: Loans Received total (Attach Schedule F) .....	<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....	<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b> .....	\$ _____

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....	<u>1004.00</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....	_____

**CASH ON HAND** at the end of this reporting period (If final report balance must be zero) ..... \$ 0

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) ..... \$ 0

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ 0

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... \$ 0

**CONSULTANT BREAKDOWN** (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) ..... \$ 0

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



SCHEDULE <b>A</b> (Rev. 12/13)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Committee to Elect Ian Cullis

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FUND-RAISER INCOME
5-15-14	ID# CK#	Joe Harris 225 2nd Street SE Cedar Rapids IA 52401.	Friend	\$250.00	<input type="checkbox"/>
1-8-14	ID# CK#	Louis Ervin 3319 Windhollow Lane Cedar Rapids IA 52411	Friend	100.00	<input type="checkbox"/>
cash as needed	ID# CK#	Ian Cullis 608 2nd Ave SE Cedar Rapids, IA 52401	Self	654.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 1,004.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no applicable in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Resol Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Committee to Elect Ian Cullis

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/12/4	ID# CK#	AD Craft Printing 309 5th Ave SE Cedar Rapids IA 52402		\$ 169.06
	ID# CK#	380 Graphics 3922 Northwood DR NE Cedar Rapids, IA 52402		400.00
	ID# CK#	380 Graphics 3922 Northwood DR NE Cedar Rapids, IA 52402		200.00
	ID# CK#	380 Graphics 3922 Northwood DR NE Cedar Rapids, IA 52402		150.00
	ID# CK#	St Patrice Day st Patrice Day Report Cedar Rapids		50.00
	ID# CK#	St Joe Day Newsp. proce Cedar Rapids		25.00
	ID# CK#	office Mox. keyboards		9.94
	ID# CK#			
SUB-TOTAL				\$ 1004.00
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(j).)